



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF WORKFORCE DEVELOPMENT
DISCRIMINATION COMPLAINT INFORMATION

For DWD Office Use Only

DCIF Received

☐ Accepted

By: _____

☐ Not Accept

Date: _____

Case# _____

COMPLAINT INFORMATION *(Please print)*

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER <i>(Voluntary)</i>
ADDRESS	HOME TELEPHONE <i>(Include Area Code)</i>	WORK TELEPHONE <i>(Include Area Code)</i>
CITY	STATE	ZIP CODE

RESPONDENT INFORMATION *(Please print)*

NAME OF AGENCY	TELEPHONE <i>(Include Area Code)</i>	
ADDRESS OF AGENCY	FAX <i>(Include Area Code)</i>	
CITY	STATE	ZIP CODE

WHAT IS THE MOST CONVENIENT TIME AND PLACE FOR US TO CONTACT YOU ABOUT THIS COMPLAINT? ☐ am ☐ pm

TO THE BEST OF YOUR RECOLLECTION ON WHAT DATE(S) DID THE DISCRIMINATION TAKE PLACE?	DATE OF FIRST OCCURRENCE?	DATE OF MOST RECENT OCCURRENCE?
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Have you ever attempted to resolve this complaint at the Federal level?
(Civil Rights Center, Washington DC, Department of Health and Human Services, U.S. Department of Agriculture) ☐ YES ☐ NO

Have you been provided with a final decision at the Federal level regarding your complaint? ☐ YES ☐ NO

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

To the best of your knowledge, which of the following Missouri One-Stop System programs or services were involved? (Check one)

- ☐ Dislocated Worker Program ☐ Adult Programs ☐ Youth Programs ☐ Career Assistance Program (CAP)
☐ Welfare to Work ☐ Parent's Fair Share ☐ Workforce Investment Act ☐ MO Employment & Training Prog. (METP)
☐ Other _____

Do you think the discrimination against you involved: (Check one)

- ☐ Your job or seeking employment? **OR** ☐ Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- | | | | | | |
|--|-------------------------------------|-------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Promotion | <input type="checkbox"/> Training | <input type="checkbox"/> Transfer | <input type="checkbox"/> Union Activity | <input type="checkbox"/> Application |
| <input type="checkbox"/> Qualification/Testing | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Referral | <input type="checkbox"/> Exclusion | <input type="checkbox"/> Layoff/Furlough | <input type="checkbox"/> Placement |
| <input type="checkbox"/> Intimidation/Reprisal | <input type="checkbox"/> Benefits | <input type="checkbox"/> Transition | <input type="checkbox"/> Recall | <input type="checkbox"/> Union Representation | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Performance Appraisal | <input type="checkbox"/> Harassment | <input type="checkbox"/> Hiring | <input type="checkbox"/> Wages | <input type="checkbox"/> Access/Accommodation | <input type="checkbox"/> Seniority |
| <input type="checkbox"/> Other _____ | | | | | |

Basis of Complaint: Which of the following best describes why you believe you were discriminated against. (Check **all** that apply)

- | | |
|--|---|
| <input type="checkbox"/> Race Specify: _____ | <input type="checkbox"/> Reprisal/Retaliation |
| <input type="checkbox"/> Color Specify: _____ | <input type="checkbox"/> National Origin Specify: _____ |
| <input type="checkbox"/> Religion Specify: _____ | <input type="checkbox"/> Political Specify: _____ |
| <input type="checkbox"/> Disability Specify: _____ | <input type="checkbox"/> Citizenship Specify: _____ |
| <input type="checkbox"/> Age Date of Birth: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |

Why do you believe these events occurred?

What other information do you think is relevant to our investigation? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
If this complaint is resolved to your satisfaction, what remedies do you seek? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:		
NAME	ADDRESS	TELEPHONE NO. (Area Code)
Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME	ADDRESS	TELEPHONE NUMBER (Area Code)
Have you filed a case or complaint with any of the following? <input type="checkbox"/> Missouri Commission on Human Rights <input type="checkbox"/> U.S. Equal Employment Opportunity Commission <input type="checkbox"/> Civil Rights Division, U.S. Department of Justice		
For each item checked above, please provide the following information:		
AGENCY	DATE FILED	CASE OR DOCKET NUMBER
LOCATION OF AGENCY OR COURT		DATE OF TRIAL OR HEARING
NAME OF INVESTIGATOR	STATUS OF CASE	
COMMENTS		
AGENCY	DATE FILED	CASE OR DOCKET NUMBER
LOCATION OF AGENCY OR COURT		DATE OF TRIAL OR HEARING
NAME OF INVESTIGATOR	STATUS OF CASE	
COMMENTS		
(Complaint NOT valid unless signed): <u>Please Note:</u> Filing a discrimination complaint with the Division of Workforce Development does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Missouri Commission on Human Rights (MCHR) at 573.751.3325. A complaint must be filed with DWD within 180 days from the date of the alleged violation.		
SIGNATURE		DATE

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Missouri TTY Users: 1-800-735-2966 or 711

DWD-101-2 (2-06) AI/P

State of Missouri Division of Workforce Development

Notice Regarding Investigatory Uses of Personal Information

Two Federal Laws govern personal information submitted to Federal agencies, including the Civil Rights Center (CRC) and agencies receiving Federal funding, such as the Division of Workforce Development (DWD; the Privacy Act of 1974 (5 U.S.C. 552), and the Freedom of Information Act (5 U.S.C. 552), or “FOIA”.

Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign, date, and return the consent form attached to this notice, along with your complaint form.

The Privacy Act protects individuals from misuse of personal information held by the Federal Government and its agents as noted above. The law applies to records that are kept and can be located by the individual’s name, social security number, or other personal identification systems. Anyone who submits information to the Division of Workforce Development (DWD) in connection with a discrimination complaint should know the following:

- DWD has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, disability, sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. DWD is also authorized to conduct reviews of its Federally funded programs to assess their compliance with civil rights laws.
- Information that DWD collects is analyzed by authorized personnel within DWD. This information may include personnel or program participant records, and other personal information. DWD staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help DWD to determine whether the law has been violated. Such information could include, for example, the physical condition or age of the complainant. DWD may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to DWD may also be revealed to personnel outside of DWD because it is necessary in order to complete enforcement proceedings against a program or organization that DWD finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status, or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. DWD requests personal information only for the purpose of carrying out authorized activities to enforce and determine compliance with civil rights laws and regulations. DWD will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to DWD and no action will be taken against a person who denies DWD’s request for personal information. However, if DWD cannot obtain the information needed to fully investigate the allegations in the complaint, DWD may close the case.
- Any person may ask for, and receive copies of all personal materials, DWD’s EO Officer keeps in his or her file for investigatory use.

AS A POLICY, DWD DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS, UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PERSON(S) OR ORGANIZATION WHO HAS VIOLATED THE LAW.

The Freedom of Information Act (FOIA) gives the public maximum access to Federal Government files and records. Persons may request and receive information from many types of records kept by the Government – not just materials that apply to them personally. DWD must honor most requests for information submitted under FOIA, but there are exceptions:

- DWD is generally not required to release information during an investigation or an enforcement proceeding if that release would limit DWD’s ability to do its job effectively; and
- DWD can refuse to disclose information if release would result in a “clearly unwarranted invasion” of a person’s privacy.

PLEASE READ AND CHECK “YES” OR “NO” OF THE CONSENT FORM AND RETURN IT TO DWD WITH YOUR SIGNED, COMPLETED COMPLAINT FORM.

CONSENT FORM

I have read the *Notice About Investigatory Uses of Personal Information*, attached to the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Division of Workforce Development (DWD) in connection with my complaint:

- a) In the course of investigating my complaint, DWD may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;
- b) I may request and receive a copy of any personal information DWD keeps in my complaint file for investigatory uses, and;
- c) Under certain conditions, DWD may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

Employment Related Complaints

Your signature, under “Yes” below also authorizes DWD to provide a copy of this complaint to the Missouri Commission of Human Rights (MCHR). You may be contacted by the MCHR to inform you of your rights, and the process to file a complaint.

<input type="checkbox"/> Yes, DWD may disclose my identity if necessary to investigate my complaint. I have read and understand the notice and I consent for DWD to process my complaint.	
NAME	
SIGNATURE	DATE

<input type="checkbox"/> No, DWD may not disclose my identity, even if necessary to process my complaint. I have read and understand the notice, and I do not consent for DWD to disclose my identity during investigation of my complaint. I request that DWD process my complaint, however, I understand that DWD may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWD may close my complaint if it cannot begin an investigation because I have not consented for DWD to reveal my identity.	
NAME	
SIGNATURE	DATE